GUILFORD COUNTY DEPARTMENT

OF

PUBLIC HEALTH

AGENCY WORK PLAN

1993 - 1994

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH

AGENCY WORK PLAN

1993 - 1994

PARTS I, II, III

Part I of the Work Plan outlines activities that are tied to the Agency Strategic Plan.

Part II of the Work Plan outlines all other activities that each division will be doing to reach the goals and objectives of the Health Department.

Part III of the Work Plan is the contract addendums with the Division of Health Services.

A G E N C Y W O R K P L A N

1993 - 1994

PART I

WORK PLAN PART I

PUBLIC HEALTH CONCERNS	STRATEGIES		ACTIVITIES (Responsibilities) ENVIRONMENTAL HEALTH DIVISION	PROGRESS STATEMENTS
Division of Environmental Health	A 1.1	Study future direction of the Environmental Health Program.	a) Review standards set for in Healthy people 2000, Health Carolinian 2000, NACHO survey, etc. and compare to programs which exist within Local, State and Federal Government.	
			b) Identify those standards which are not being adequately met by Government to protect the public's health.	
			c) Develop strategies and time-tables to address those standards not adequately met.	
			d) Report findings, strategies and time-table to Board of Health.	
	A 1.2	Enhance Educational Programs for the training of the community and staff.	a) Develop a comprehensive slide presentation that represents Environmental Health program areas.	
			b) Explore the possibility of assistance from a UNC-G student in developing training program materials.	
			c) Develop an Environmental Health Divisional brochure regarding available services.	
	A 1.3	Enhance Quality Assurance programs.	a) Develop a Quality Assurance Plan that will that will meet departmental criteria for the Division of Environmental Health.	
			b) Develop a reporting system that will adequately reflect the Quality Assurance activities of the Division.	
			c) Development of a cost/productivity/ Capacity analysis for the Division.	
	A 1.4	Investigate and study Environmental Health organization and reclassification.	a) Gather and review Compensation Plan and and career ladders in Local Government and industry.	

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES (Responsibilities) ENVIRONMENTAL HEALTH DIVISION	PROGRESS STATEMENTS
		b) Review and revise career ladder for Environmental Health Specialist.	
		c) Develop specific job standards and description for each Environmental Health Specialist.	
		d) Report finding and request to the Personnel Office.	
	A 1.5 Department-Wide Training Program,	a) Identify technical training needs for Environmental Health Specialist.	
		b) Identify personal training needs for Environmental Health Specialist.	
		c) Work with Staff Development Specialist to develop training plan.	
	A 1.6 Review and revise, if necessary, the Guilford County Board of Health Rules and Regulations for Mobile Home Parks, Open Burning, Health Hazards and Mass Gatherings.	a) Gather and review Rules and Regulations from other Counties regarding each particular Local Rule and Regulation.	
		b) Review each Guilford County Board of Rules and Regulations and revise if necessary.	
		c) If Rules and Regulations are revised, present revision to Board of Health for approval.	
Food, Lodging, Institutional, and Day Care Program	B 1.1 Enhance Educational Programs for the training of members of the Food Service and Day Care Industries.	a) Develop a comprehensive slide and/or and/or video presentation to support each Educational Program.	
		b) Develop standardized program outline to coordinate and emphasize key information with audio/visual aids.	
Quality Environmental Services	B 1.2 Continue strategies to assure quality workload balances and cost effectiveness.	a) Continue study of the average time required to accomplish quality work in each program area.	

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES (Responsibilities) ENVIRONMENTAL HEALTH DIVISION	PROGRESS STATEMENTS
	supplies.	water supplies in established neighborhoods.	
	E 1.4 Investigate the addition of, including Monitoring Well Construction Standards into Guilford County Well Rules and Regulations.	a) Review existing Monitor Well Construction Standard, that may exist, from other Counties, States and Federal agencies. b) Review Guilford County Well Rules and Regulations and include Monitor Wells Construction Standards, if necessary. c) If Well Rules and Regulations are revised, make presentation to the Board of Health.	
	E 1.5 Ground Water contaminated sites.	a) Investigate and develop a program for the monitoring and assessment of the public health risk for ground water contaminated sites in Guilford County.	
	E 1.6 On-site sewage treatment and disposal systems display site.	a) Investigate the development of an on-site sewage treatment and disposal systems display site.	
	E 1.7 Water Quality Move to Move to the Court House.	a) Meet with appropriate people regarding the location of staff, storage, parking, etc. b) Develop and modify work procedures accordingly.	

PUBLIC HEALTH CONCERNS		STRATEGIES	ACTIVITIES (RESPONSIBILITIES)	PROGRESS STATEMENTS
Communicable Disease HIV/AIDS			d. Hold one night clinic (HIV/STD) per month on trail basis in High Point. If successful, consider increasing available after hours service in Greensboro and High Point. (AH) e. Coordinate HIV counseling and testing services especially evening availability, via joint venture with High Point Community Clinic. (AH)	
Sexually Transmitted Diseases	A.4	Assurance to guarantee basic Public Health Infectious Disease Prevention (IDP) service delivery and reaching agreed upon IDP goals regarding bloodborne diseases and STD's.	a. Continue with development of and implement a plan, with heavy health education involvement, to educate the community concerning prevention and control of STD's including HIV/AIDS. (AH) b. Expand STD Clinic capacity by 50% in High Point and 25% in Greensboro. (AH) c. Increase target efforts for HIV counseling and testing and TB services among the STD patient population. (AH) d. Assess, identify, and implement ways of increasing outreach efforts for STD's in the High Point community. (AH)	

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES (RESPONSIBILITIES)	PROGRESS STATEMENTS
Communicable Disease Policy & Leadership	A.1 Policy development to provide overall guidance and leadership in the decision-making process regarding meeting infectious disease goals for bloodborne diseases and sexually transmitted diseases (STDs) in Guilford County.	a. Continue to support policy development, revisions, and/or implementation for other health care and related agencies in the community. (AH) b. Continue to update the medical community on communicable disease laws and rules for reporting STD and bloodborne diseases including HIV/AIDS and solidify a process for the county. (AH) c. Maintain infectious disease medical expertise regarding communicable disease prevention and control activities as well as a referral source with Moses Cone Memorial Hospital Infection Control physicians for HIV infected patients identified by the Infectious Disease Prevention and Control Unit. (AH) d. Provide membership in a leadership role to the community-wide HIV/AIDS committees, task forces, and boards to mobilize the community in its response to the HIV/AIDS epidemic. (AH)	

PUBLIC HEALTH CONCERNS		STRATEGIES	ACTIVITIES (RESPONSIBILITIES)	PROGRESS STATEMENTS
Communicable Disease HIV/AIDS	A.2	Further develop the role of the Guilford County Health Department in HIV/AIDS.	a. Identify divisional representatives to sit on the AIDS Advisory Committee. (AH, FP/M, CH) b. Develop a matrix to help prioritize recommendations from AIDS meeting and present priorities to Leadership Team. (AH, FP/M, CH) c. Identify research which describes effective community health education programs for HIV/AIDS prevention. (AH) d. Meet with community leaders to discuss health department's role. (AH) e. Develop a community coalition working with the Foundation of Greater Greensboro and the Guilford County Community AIDS Partnership. (AH)	
HIV/AIDS	A.3	Improve availability and accessibility for HIV counseling and testing services.	a. In accordance with NC Communicable Disease Law and Rules, continue HIV counseling and testing for Guilford County and surrounding area residents. (AH, CH) b. Expand HIV clinic capacity by 50% in High Point and 25% in Greensboro. (AH) c. Increase availability of HIV/AIDS counseling and testing on "walk-in" basis. 'AH)	

WORK PLAN PART I

PUBLIC HEALTH CONCERNS		STRATEGIES	ACTIVITIES (RESPONSIBILITIES)	PROGRESS STATEMENTS
Communicable Disease Immunizations	A.5	Reduce the incidence of vaccine-preventable childhood diseases.	a. Network with the federal (CDC) and state (DEHNR) levels to stay abreast of new vaccine recommendations/ requirements. (AH, CH) b. Develop and implement plans to comply with these as mandates, laws, and rules are determined and resources become available. (AH, CH) c. Identify roles and responsibilities for Adult Health and Child Health Divisions as relates to immunization services in the Public Health Department. (AH, CH) d. Determine resource availability and allocation for immunization services. (AH, CH) e. Provide immunizations to children and adults. Increase the number of children, age two and under, appropriately immunized. (AH, CH)	
Chronic Disease Prevention	A.1	Provide community leadership reaching chronic disease prevention by promoting regulatory policies, standards of care, and coordination of preventive services.	a. Continue to coordinate with American Cancer Society (ACS) and community to carry out activities of Project ASSIST. (AH, FP/M, CH)	

PUBLIC HEALTH CONCERNS		STRATEGIES	ACTIVITIES (RESPONSIBILITIES)	PROGRESS STATEMENTS
Chronic Disease Prevention	A.2	Continue to focus Health Department Chronic Disease Prevention and Control services on risk factors of cardiovascular disease (CVD) and the four cancers (lung, colorectal, breast, and cervical) through education and behavior modification among targeted populations.	a. Collaborate with community agencies on the Comprehensive Breast and Cervical Cancer Control Program (CBCCCP) for provision of community education on breast and cervical cancer screening procedures and recommendations, targeting women who are uninsured or under insured, of low-income, and/or minority status. (AH) b. Provide community education on colorectal cancer screening procedures and recommendations, targeting adults 40 years and older. (AH) c. Provide CVD risk assessment, targeting hard to reach populations through churches, blue collar worksites, and/or other community service organizations. (AH)	
Employee Health	A.1	Utilizing the Healthy People 2000 objectives and the CDPCU Strategic Plan as guides, County Employee Preventive Health Services will provide services to county employees, focusing on risk factors of CVD and the four cancers (lung, colorectal, breast, and cervical), as well as issues relating to occupational safety and health.	a. In cooperation with Health Benefits, identify health care plan utilization trends and incidence of health problems that indicate a need for preventive health interventions. (CEPHS)	

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES (RESPONSIBILITIES)	PROGRESS STATEMENTS
Chronic Disease Prevention Employee Health		b. Provide worksite education and screening programs focusing on early detection and prevention of chronic diseases. -Breast and cervical cancer: 4 workshops/year-60 women -Cardiovascular disease: 4 group screenings/year -Promote colorectal screening procedures to improve compliance with recommended routine screening tests. (CEPHS)	
	A.2 Provide leadership to County Management regarding health-related issues affecting employees by promoting policies and standards that comply with federal and state standards and provide a healthy and safe workplace for county employees.	a. Consult with county departments regarding compliance with federal and state mandates (i.e. OSHA, ADA). (CEPHS, CS)	
Chronic Disease & Elderly	A.1 Enable an increasing number of disabled or chronically ill adults to delay or deter institutional placement through the provision of intervention and support services, and the expansion of case management home services.	a. Provide assessment, direct care, and/or patient education to 700 adults in Guilford County. (AH) b. Identify the need for and utilize community resources for 450 adults. (AH)	

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES (RESPONSIBILITIES)	PROGRESS STATEMENTS
Chronic Disease & Elderly		c. Broaden community knowledge of program capabilities (60 contacts). (AH) d. Provide crisis intervention and short-term care for chronically ill adults. (AH)	
	A.2 Identify service gaps in the community and promote the mobilization of community resources to fill those gaps.	a. Participate in County Elderly Care Planning Committee (12 meetings). (AH) b. Continue to collaborate with community agencies/providers. (AH) c. Greensboro Health Serve/High Point Community Clinics: 1. Study service relationships, population served, etc. (AH) 2. Discuss cooperative relationships including potential financial relationships. (AH)	
Health Surveillance	A.1 Continue to implement health surveillance system for Guilford County.	a. Identify key health indicators to be monitored. (AH/CS, FP/M, CH, EH, MS) b. Collect and analyze data on key indicators. (AH/CS, FP/M, CH, EH, MS) c. Produce report summarizing health status of Guilford County compared to state and national data and objectives by 12/93. (AH/CS, FP/M, CH, EH, MS)	

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES (RESPONSIBILITIES)	PROGRESS STATEMENTS
Health Surveillance	A.2 Complete Community Diagnosis (CDx) to identify top health needs for Guilford County.	a. Complete APEX assessment of top health and environmental conditions. (AH/CS, FP/M, CH, EH, MS) b. Complete community inventory of services. (AH/CS, FP/M, CH, EH, MS) c. Organize and analyze data from all sources to quantify health needs. (AH/CS, FP/M, CH, EH, MS) d. Report results of CDx to Leadership Team and Board of Health and assist them in the process of prioritizing health needs. (AH/CS, FP/M, CH, EH, MS) e. Present results of CDx to community and begin work toward organizing for health in areas of greatest need. (AH/CS, FP/M, CH, EH, MS)	
	A.3 Continue to implement/improve computerized systems for client data.	a. Coordinate with Information Systems and the State to implement the Immunization Registry (if funded). (AH/CS, CH) b. Coordinate with Information Systems and the State to implement HSIS data system for Adult Health. (AH/CS, CH)	

AGENCY WORKPLAN 1993-94

FAMILY PLANNING/MATERNITY DIVISION

PART I

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES /RESPONSIBLE DISCIPLINE	PROGRESS STATEMENTS
PLANNING FAMILIES			
Community/Patient Education			
A. 1.1	Inform the community through education and outreach of the availability of family planning services	a) Develop four new sites for recruitment in high risk areas. (Health Ed, Nursing)	
B. 1.1	Enhance patient education through individual/group counseling	a) Revise family planning record to incorporate preconceptional health education and counseling. (Family Planning Task Force)	
Client Services			
A. 1.1	Provide family planning Services for males	a) Increase number of vasectomy procedures by 10% providing State funding is available. (Vasectomy)	
		b) Report evaluation study regarding vasectomy program with Central Services. (Vasectomy)	
B. 1.1	Provide family planning Services for females	a) Track Norplant insertion and Depo-Provera program to High Point facility. (Nursing)	

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES /RESPONSIBLE DISCIPLINE	PROGRESS STATEMENTS
		b) Expand family planning services to include diagnosis and treatment of vaginal infections (10-93). (All Staff)	
		c) Increase access to pregnancy prevention services by restoring teen clinics. (Administration)	
		d) Coordinate with school health nurses educational and clinical services. (Nursing)	
HEALTHY MOTHERS/ HEALTH BABIES			
	A. 1.1 Community education/ Outreach	a) Track low birthweight among maternity care coordination patients. (Nursing)	
		b) Focus Coalition on Infant Mortality activities including Adopt-a-Mom and Baby Basics in the High Point area. (Health Ed)	
		c) Develop initiatives to address non-white prenatal care needs through Coalition, care coordination and outreach activities. (Health Ed, MCC Staff, Nursing)	
	B. 1.1 Clinical Services	a) Implement psychosocial counseling services for prenatal patients. (Social Work)	
	C. 1.1 Eliminate barriers to prenatal care	a) Expand prenatal clinical services to include 450 new prenatal patients. (All Staff)	

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES /RESPONSIBLE DISCIPLINE	PROGRESS STATEMENTS
QUALITY IMPROVEMENT			
	A. 1.1 Implementation of Quality Improvement measures	a) Develop individual work plans to include at least one TQM objective. (All Staff)	
PROGRAM DEVELOPMENT			
	A. 1.1 Community Diagnosis	a) Review socio-economic and health indicators for Guilford County. (Administration)	
		b) To allocate resources to address indicators. (Administration)	

WORK PLAN PART I

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES (Responsibilities)	PROGRESS STATEMENTS
INTERNAL GOALS			
	A.1.1 Additional Space	a) Plan new Greensboro Building (MS) b) Study allocation of additional High Point space if available. (MS)	
	B.1.1 Increase minority recruitment.	a) Continue recruitment at minority colleges. (MS)	
	2.1 Reduce time to fill positions.	a) Experiment with pooling and cross-divisional interviews. (MS)	
	C.1.1 Design & implement health surveillance plan.	a) Complete report. Implement portions of plan. (MS)	
	2.1 Community diagnosis	a) Complete plan on schedule. (MS)	
	D.1.1 Develop Management Information systems.	a) Develop methodology for computation of cost per clinic, per visit, per service, etc., clinic/ program capacity, and productivity standards. (MS) b) Begin implementation of Divisional computations of above listed items on quarterly basis as methodology is determined. (MS)	

PUBLIC HEALTH CONCERNS	STRATEGIES	ACTIVITIES (Responsibilities)	PROGRESS STATEMENTS
		c) Monthly Data Sheets - Develop data sheets for Dept. Head, Division Directors containing budget information (i.e. spend rates, revenue), vacancy rates,etc. (MS)	
	E.1.1 Develop new QA methods.	a) Complete inventory of QA activities. (MS)	
		b) Develop reporting. (MS)	

A G E N C Y W O R K P L A N

1993 - 1994

PART II

PART II
DIVISION OF ENVIRONMENTAL HEALTH

ACTIVITIES	RESPONSIBLE PERSON	PROGRESS STATEMENTS
1. Move Water Quality Section to the Courthouse and modify work procedures accordingly.	Water Quality Section	
2. Develop job standards for each aspect of the program to share with staff and assist in quarterly and annual review of staff's performance.	Water Quality Section	
3. Review 75% of the files for adequate documentation and appropriate information which are sent to the field and to spot-check computer up-dates for files which have been worked.	Water Quality Section	
4. To establish a base line for applications for services and services rendered and compare and monitor for consideration of staff need.	Water Quality Section	

/hn

ACTIVITIES	RESPONSIBLE AREA	PROGRESS STATUS

Infectious Disease Prevention and Control Unit (IDPCU)

External:

1. Perform a hospital record search (Moses Cone Memorial Hospital, Wesley Long Hospital, and High Point Regional Hospital) to determine the percentage of communicable disease cases that are actually reported.	Adult Health Division - IDPCU	
2. Keep the State STD/HIV Branch updated by quarterly reports on the number of anonymous versus confidential tests and risk factors of those tested.	Adult Health Division - IDPCU	
3. Support contact notification by providing community education and technical assistance in conjunction with the State HIV/STD Partner Notification Program.	Adult Health Division - IDPCU	
4. In accordance with N.C. State Law and Rules, continue to involve the private medical community, local hospitals to: a. Monitor the incidence of Hepatitis B. b. Identify high risk individuals through screening. Test and vaccinate those mandated by N.C. State Law, e.g. pregnant women, infants of infected women, and sexual and/or needle-sharing partners of infected women.	Adult Health Division - IDPCU	

ACTIVITIES	RESPONSIBLE AREA	PROGRESS STATUS
5. Continue to provide education for groups at increased risk for HIV/AIDS as well as other selected community groups.	Adult Health Division - IDPCU Family Planning/Maternity Division Child Health Division	
6. Continue the HIV/AIDS outreach program involving other community resources to provide education to at least 1,000 high risk individuals though street outreach and risk reduction gatherings.	Adult Health Division - IDPCU	
7. Mobilize the private medical community to immunize high risk groups against influenze at every available opportunity, i.e. during office visits, hospitalizations, etc. a. Provide education though the communicable disease newsletter and inservices.	Adult Health Division - IDPCU	
Internal:		
1. Monitor risk factors of patients who present for anonymous HIV counseling and testing.	Adult Health Division - IDPCU	
2. Conduct patient satisfaction surveys.	Adult Health Division - IDPCU	
3. Continue to recruit and train staff and key individuals in the community for the AIDS Speakers Bureau to maintain a minimum active membership of 12.	Adult Health Division - IDPCU Family Planning/Maternity Division Child Health Division	

ACTIVITIES	RESPONSIBLE AREA	PROGRESS STATUS
4. Provide ongoing counselor training/ updates in conjunction with the State HIV/AIDS Branch. (Basic nutrition counseling will be available for HIV positive patients at their request.)	Adult Health Division - IDPCU	
5. Record and tabulate statistical data for the Infectious Disease Prevention Unit for purposes of monitoring, evaluating, and making changes in program areas to meet the needs of a rapidly changing community. Automate this process as resources allow to enhance efficiency and the ability to analyze trend data in a more timely manner.	Adult Health Division - IDPCU Central Services	
6. Monitor activity of TB and/or TB-related cases by documenting: - number active, infectious TB cases - number TB patients on directly observed therapy - number of non-compliant TB patients	Adult Health Division - IDPCU	
CHRONIC DISEASE PREVENTION & CONTROL UNIT (CDPCU) **Chronic Disease Prevention (RFH)**		
External:		
1. Develop and distribute quarterly Reach For Health Newsletter. Target-7400.	Adult Health/Central Services Division CDPCU	
2. Provide health promotion consultation and technical assistance to community groups. Target-500.	Adult Health Central Services Division CDPCU	

ADULT HEALTH/CENTRAL SERVICES DIVISION
WORK PLAN PART II

ACTIVITIES	RESPONSIBLE AREA	PROGRESS STATUS
3. Promote and assist in developing smoking policies in at least three local worksites and organizations.	Adult Health Central Services Division CDPCU	
4. Provide healthy lifestyle and risk reduction education activities for high-risk groups. Target-30 presentations. Colorectal - 10 Breast & Cervical - 20	Adult Health Central Services Division CDPCU	
5. Provide community clinic services to screen for CVD risk factors and counsel for risk reduction.	Adult Health/Central Serivces Division CDPCU	
6. Provide in-house clinic services to screen for cancer and CVD risk factors and counsel for risk reduction. Target-600 clinic visits.	Adult Health/Central Services Division CDPCU	
7. Provide education for known hypertensives to promote BP control through blue collar industries, churches, and in-house programs. Target-300.	Adult Health/Central Services Division CDPCU	
8. Provide comprehensive chronic disease risk factor assessments (HRA). Target-4 groups.	Adult Health/Central Services Division CDPCU	
9. Provide nutrition programs with a focus on CVD risk reduction and cancer risk reduction to community groups. Target-24 programs.	Adult Health/Central Services Division CDPCU	

ACTIVITIES	RESPONSIBLE AREA	PROGRESS STATUS
Internal:		
1. Integrate nutrition education activities such as AHA Food Festival and the National Nutrition Month into RFH Services.	Adult Health/Central Services Division CDPCU	
2. Monitor pap smear results for data collection purposes and follow-up.	Adult Health/Central Services Division CDPCU	
COUNTY EMPLOYEE PREVENTIVE HEALTH SERVICES (CEPHS)		
1. Provide screening, immunizations, and/or counseling services appropriate for age, sex, and occupation to at least 50% of employees.	Adult Health/Central Services Division CEPHS	
2. Provide health education and control activities including, but not limited to, nutrition, early detection and prevention of cancer, health care consumerisim and prevention of cardiovascular disease to at least 25% of the employee population.	Adult Health/Central Services Division CEPHS	
3. Promote regular exercise among county employees through targeted promotional campaigns and on-going incentive program for exercise and positive health habits.	Adult Health/Central Services Division CEPHS	
4. Provide consultation and technical assistance to county departments regarding occupational health and safety issues (i.e. OSHA mandates, Americans with Disabilities Act), as well as other workplace health issues (i.e. smoking policies).	Adult Health/Central Services Division CEPHS	

ADULT HEALTH/CENTRAL SERVICES DIVISION
WORK PLAN PART II

ACTIVITIES	RESPONSIBLE AREA	PROGRESS STATUS
CHRONIC DISEASE & ELDERLY (CAP & CHRP)		
1. Provide health promotion programs at congregate meal sites, senior centers, or other community settings. Topics: exercise, nutrition, accident prevention, CVD prevention/control (6 presentations).	Adult Health/Central Service Division CDPCU	
2. Provide age-appropriate screening and immunization services (4 clinics).	Adult Health/Central Services Division CDPCU	
3. a. Provide monitoring and education for all diabetics in caseload to prevent complications.	Adult Health/Central Services Division CDPCU	
b. Provide community education to prevent complications of diabetes.	Adult Health/Central Services Division CDPCU	
4. Provide consultation and technical assistance to leaders in senior centers and other community settings regarding health promotion activities for older adults.	Adult Health/Central Services Division CDPCU	
HIGH POINT OUTPATIENT CLINIC (OPC)		
1. Provide comprehensive medical care to those medically indigent Guilford County residents determined eligible for OPC. Monitor: (a) '93-'94 active caseload. (b) '93-'94 total new patients. (c) '93-'94 total billed visits.	OPC	

ACTIVITIES	RESPONSIBLE AREA	PROGRESS STATUS
2. Monitor extent and ongoing costs of: - HPRH contract. - OPC diagnostic services. - Physician consultation services. - OPC total medical services as relates to budget appropriations vs. actual expenditures.	OPC AH/CS Division Director Budget Personnel Contractual Services	
LABORATORY SERVICES		
1. Participate successfully in accredited proficiency testing program.	Laboratory Manager Laboratory Staff	
2. Complete development, installation, and implementation of Laboratory Information System at Wendover site.	Laboratory Manager Laboratory Staff Reps from CH/FP/M	
PHARMACY SERVICES		
1. Evaluation of pharmacy services in all sites to facilitate compliance with new pharmacy regulations and meet clinic/demands for services.	Pharmacy Staff Adult Health Central Services Division Child Health Division Family Planning/Maternity Division Management Services Mental Health, COPD	

AGENCY WORKPLAN 1993-94

FAMILY PLANNING/MATERNITY DIVISION

PART II

ACTIVITIES	RESPONSIBLE PERSON/DISCIPLINES	PROGRESS STATEMENTS
HEALTHY MOTHERS/HEALTHY BABIES:		
1. Monitor and evaluate 100% of deliveries of Health Department clients of low birth weight infants.	Nursing	
2. Screen 100% of prenatal patients for genetic high risk conditions and refer as needed.	Nursing	
3. Track low birth weight by clinic patients identified pre-term, no prenatal care, previous family planning clients, race, age, and clinic site.	Nursing	
4. Home visit patients requiring skilled nursing as referred by physician.	Nursing	
5. Provide post-partum hospital visits to 1,000 clinic patients within 3 days of delivery.	Nursing	
6. Provide post-partum hospital visits to 100 no prenatal care patients within 3 days of delivery.	Nursing	
7. Provide psychosocial counseling services to prenatal patients identified at risk.	Social Work	

FAMILY PLANNING/MATERNITY DIVISION

PART II

ACTIVITIES	RESPONSIBLE PERSON/DISCIPLINES	PROGRESS STATEMENTS
PLANNING FAMILIES:		
1. Calculate new patients admitted for family planning services.	Management Support	
2. Provide post-partum newborn/maternal assessment home visits to 750 clinic patients within 2-4 weeks of delivery.	Nursing	
MATERNAL HEALTH TRAINING PROGRAM:		
1. Hire a full-time instructor for the Maternal Health Training Program.	Nursing	
REGIONAL FAMILY PLANNING PHYSICIAN EXAMINERS PROGRAM:		
1. Conduct 160 clinic sessions in contracted counties as regularly scheduled.	Nursing	
2. Make one site visit to each contracted county (Total = 4).	Administration/Nursing	
VASECTOMY:		
1. Counsel and refer 169 males for vasectomy procedures.	Vasectomy	
QUALITY IMPROVEMENT:		
1. Contact or attempt to contact 100% of patients with abnormal medical or pap findings according to protocol.	Nursing	

FAMILY PLANNING/MATERNITY DIVISION

PART II

ACTIVITIES	RESPONSIBLE PERSON/DISCIPLINES	PROGRESS STATEMENTS
2. Conduct 12 medical patient care committee meetings annually.	Nursing	
3. Develop and implement a system for cost accounting/capacity with the Budget Office for our services.	Administration and Health Department Budget Office	
4. Develop and implement tools for supervisory observation.	Administration and Staff	
5. Develop and implement a system of case presentation for complex cases to include all disciplines and representatives from other agencies if involved.	Administration and Staff	
6. Communicate with " powers to be" need to provide routine HIV counseling and testing to all maternity and family planning patients.	Administration	

AGENCY WORK PLAN FOR 1993-94

PART II

MANAGEMENT SERVICES

ACTIVITIES	RESPONSIBLE UNIT	PROGRESS STATUS
Management Information Systems - A) Cost/Productivity/Capacity Analyses B) Monthly Data Sheets for Dept. Heads, Division Directors (Re: Budget Info, Personnel Vacancy Rates, etc.) 1) Development by 7/31 2) Implementation by 8/30 C) Graphic representations	Central Budget	
Policy Refinement: A) Cash Handling B) Purchasing C) Petty Cash D) Supplemental Appropriations E) Transfer of Funds F) Lapsed Salaries	Central Budget	
Purchasing A) Implementation and procedural changes as determined by review of purchasing survey staff input B) Hire new Purchasing Clerk (50%) at Wendover Avenue	Central Budget	

AGENCY WORK PLAN FOR 1993 - 1994

PART II

MANAGEMENT SERVICES

ACTIVITIES	RESPONSIBLE PERSON	PROGRESS STATUS
1. TRAINING		
1. Develop a Human Resources Team to serve as an advisory committee to the Human Resources Unit.	Human Resources	
2. Implement a system to track and evaluate training and disseminate to staff.	Human Resources	
3. Develop a training plan based on the strategic plan, staff needs, and mandated trainings.	Human Resources	
4. Develop a listing of available in-house and community resources to provide training.	Human Resources	
5. Develop TQM projects for staff.	Human Resources	
2. DISCIPLINARY ACTIONS		
1. Continue to monitor all disciplinary actions within the department and consult with supervisory staff and line staff as needed.	Human Resources	

AGENCY WORK PLAN FOR 1993 - 1994

PART II

MANAGEMENT SERVICES

ACTIVITIES	RESPONSIBLE PERSON	PROGRESS STATUS
2. Provide disciplinary training as needed.	Human Resources	
3. SPECIAL PROJECTS		
1. Continue to work on Minority Advisory Committee through AHEC.	Human Resources	
2. Begin working on Advisory Committee through AHEC.	Human Resources	
3. Assist Environmental Health in developing a career ladder for the Environmental Health Specialist.	Human Resources	
4. Continue to monitor inequities and assist in reducing this problem by utilizing the rating scales devised for this department.	Human Resources	
5. Develop volunteer program.	Human Resources	
6. Continue to work with the County Training and Development Team on coordinating and improving staff development and training efforts.	Human Resources	

AGENCY WORK PLAN FOR 1993 - 1994

PART II

MANAGEMENT SERVICES

ACTIVITIES	RESPONSIBLE PERSON	PROGRESS STATUS
4. OSHA		
1. Provide annual training on Bloodborne Pathogens and Hazard Communications.	Human Resources	
2. Meet with Safety Committee on a quarterly basis.	Human Resources	
3. Attend updated training on OSHA and revise policies as needed.	Human Resources	
4. Explore County-wide Smoking Rules	Ron, Carmine, Adult Health	

A G E N C Y W O R K P L A N

1993 - 1994

PART III

N.C. Department of Environment, Health, and Natural Resources
Division of General Services

FY 1993-94

CONTRACT ADDENDUM

Environmental
Office, Section, or Branch

9 4 4 7 5 1 0 4 1
Contract Number

Guilford County Department of Public Health
Contractor

Environmental Health
Activity

The primary objectives of the Environmental Health Division this fiscal year is to place emphasis on the prevention of food, milk, water, and vector borne disease in Guilford County. These objectives can best be achieved by providing updated training in Environmental Epidemiology, Science, Engineering and Environmental Technologies and Law.

Funding appropriated by the 1992 Session of the NC General Assembly ($6,000 per county) will be used to cover the following expenses:

1. Food, Lodging and Institutional Section -

   Training and travel expenses associated with food, milk, water, and vector borne disease and epidemiological investigations.

2. Water Quality Section -

   Training and travel expenses associated with water supplies, contaminated ground water, and alternative sewage treatment systems.

Reviewed by

Initials Date

N.C. Department of Environment, Health, and Natural Resources
Division of General Services

FY 1993-94

CONTRACT ADDENDUM

Environmental
Office, Section, or Branch

9 4 5 3 0 3 0 4 1
Contract Number

Guilford County Department of Public Health
Contractor

Food and Lodging
Activity

The primary objectives of the Food, Lodging and Institutional Section of the Environmental Health Division this fiscal year is to place emphasis on the prevention of food, milk, water, and vector borne disease in Guilford County. These objectives can best be achieved by providing updated training to members of the Foodservice and Day Care Industries and continuing education and training to our staff in Environmental Epidemiology, Science, Engineering, Environmental Technologies and Law.

The state allocation to Guilford County of the annual food and lodging fees charged to each permitted food and lodging facility will be used to cover the following expenses for the Food, Lodging and Institutional Section:

1. Audio-Visual Equipment for use in Foodservice Schools:

   Video Projector, Projection Screen, Remote Microphone, Audio-Video Stand, Drop Cord and Educational Video Tapes (approximately $2,322).

2. Ink Jet Printer and Desk Top Publishing Software for publication of Environmental Health News (an educational news letter to the Foodservice and Day Care Industries of Guilford County). (Approximately $1,276)

3. The balance of the funds $12,515 will be utilized to augment other expenditures in the Food and Lodging Program. These include overtime salaries for facility inspections, travel, staff training and supply costs.

Reviewed by

Initials Date

NC PROJECT ASSIST
CONTRACT ADDENDA
July 1,1993 - June 30, 1994

Local Coalition/Local Health Dept. serving as Fiscal Agent: Guilford County ASSIST Coalition/ Guilford Cty. Health Dept.

Health Director: Mr. Ron Clitherow

Coordinator: ~~Denna Dinkin~~

Signatures: Carolyn Eggers, Director Adult Health Division

Contract Requirements:

COALITION BUILDING:

Continue to build a broad based local coalition that involves the Local Health Department and American Cancer Society as lead partners and represents the channels and priority populations for Project ASSIST.

Have Bylaws and/or Operations Procedures in place by October 1, 1993.

ANNUAL ACTION PLAN:

Develop an Annual Action Plan in conjunction with the local coalition and in accordance to Project ASSIST Guidelines. Submit final Annual Action Plan to Field Director by July 1, 1993.

Plan and carry out activities for each of the five Project ASSIST Channels as indicated in your approved Annual Action Plan.

PROGRAM RECORDS:

Maintain Program Records including a roster of coalition members; a record of the Coalition Structure and a roster of the various committees, action teams or task forces; Coalition Bylaws and/or Operations Procedures; a record of Coalition meetings; a record of mobilization events; a record of local media stories on tobacco; a monthly record of activities carried out; and a quarterly record of Project ASSIST expenditures.

MAINTAIN COMMUNICATION:

Represent the local coalition on the ASSIST statewide coalition.

Represent the local coalition on the Statewide Coalition's Community Environment Task Force.

Represent the Local Coalition on the Project ASSIST Coalition Board.

Maintain daily communications through the North Carolina Conference of the SCARCNET system.

MAY 06 1993

9 4 5 4 5 2 0 4 1

Contract Number

NORTH CAROLINA

COMPREHENSIVE BREAST AND CERVICAL CANCER CONTROL PROGRAM

CONTRACT ADDENDUM

NEEDS

CERVICAL CANCER: Between 1980 and 1987, 1400 women in North Carolina died of preventable cervical cancer. The age-adjusted mortality rates for the white population are 3.5/100,000 and 10.6 for the black population. For Native Americans, the rate is twice as high as for white.

The mortality percentage for women age 35 and older has increased from 91% to 94% in 1989.

BREAST CANCER: In 1989, 1099 women died of breast cancer in North Carolina making it the leading cause of cancer deaths in women in the state. North Carolina's mortality rate of 26.4/100,000 ranks twenty third in the United States. In race-adjusted mortality rates, white women are 25.6/100,000 and black women are 30.7/100,000. For both races, mortality rates are much higher among older women. In 1986-1987, for example, the mortality for women less than 50 years was 6.4 while that for those 50 and older was 91.4/100,000.

TARGET POPULATION: Older and minority women in North Carolina are least likely to be screened and most likely to die. The target population includes women who are at or below 200% of poverty, are older, are un-/underinsured and are minorities, including Native Americans. Women who are or have been sexually active, or have reached the age of 18 years are eligible for cervical cancer screening. Women who are 40 years and older are eligible for breast cancer screening.

INTERVENTIONS

BREAST SCREENING AND FOLLOW-UP: A Clinical Breast Examination (CBE) and instruction on Self Breast Examination will be provided to each woman screened. Clinical Breast Examination (CBE) will be performed every three years for women 20-40 years old and yearly thereafter. Between the ages of 40 and 49 one screening mammogram is allowed every other year, unless the woman is high risk. For women 50 years and older, screening mammograms are provided annually. The woman is considered to be at high risk for breast cancer if one or more of the following conditions apply:

1. Personal history of breast cancer;
2. Personal history of biopsy-proven benign breast disease;
3. A mother, sister or daughter had breast cancer; or
4. Not having given birth prior to age 30.

If these American Cancer Society (ACS) guidelines are updated, the BCCCP will abide by the new ones.

Diagnostic mammographies are performed when medically appropriate.

CERVICAL SCREENING AND FOLLOW UP: For women who are or have been sexually active and are 18 years old or older, the screening includes a bimanual pelvic exam, and a Papanicolaou smear every year. After a woman has had three or more consecutive satisfactory formal annual examinations, the pap test may be performed less frequently at the discretion of her physician. Repeat pap tests and colposcopy directed biopsies will be provided as medically indicated.

Breast and Cervical Cancer Screenings will be provided to 667 women during the contract period:

620 of these women are 40 years and older and will receive breast cancer screenings and follow-up.
620 of these women are 40 years and older and receive cervical cancer screenings and follow-up.
47 of these women are under the age of 40 and receive cervical cancer screenings and follow-up.

QUALITY ASSURANCE AND CONTINUOUS QUALITY IMPROVEMENT: The contractor must provide or assure the provision of high quality services throughout the program's components. For laboratories, this means Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certification. The Bethesda System of reporting will be required for results of pap tests.

For mammography facilities, American College of Radiology (ACR) accreditation must be obtained. Any facility that provides screening services to this program must apply for ACR creditation prior to January 1, 1993. Reporting results will be in accordance with the Categories from the ACR Breast Imaging Reporting and Database System.

ACS guidelines must be followed regarding the frequency of screenings. The contractor will assure compliance with these certifications, accreditations and guidelines.

PROTOCOLS: The local contractor will follow the medical protocols provided by the State. Pap Smear Screening: A Guide for Health Departments will be used for cervical cancer screening and follow-up guidelines will be developed by the Program by December 15, 1992.

PUBLIC AND PROFESSIONAL EDUCATION: The local contractor will participate in educational opportunities provided by the North Carolina Comprehensive Breast and Cervical Cancer Control Program and other continuing education as appropriate.

SURVEILLANCE: Minimum data elements (MDE's) are required by the Centers for Disease Control in order to amass the statistics to provide to the Congress for the research component of this program. The contractor will submit the MDE's to the state on a quarterly basis according to the schedule provided.

FUNDING: There is a 3:1 Federal: non-Federal matching requirement; therefore, the local contractor will provide the non-Federal match on the funding received from the State under this contract. If a sliding fee scale is used, it will be the same as the Family Planning fee scale. No woman at or below 100% of the federal poverty level may be charged for services provided by this program. The sliding fee scale must be posted in order for the clients being served to view it. The BCCCP is the payor or last resort after Medicare, Medicaid, Title X, and private insurance.

REFERRAL: The contractor will assure that a referral system for the diagnosis and treatment of all abnormal findings is developed and a written protocol is available. The contractor will designate a person who will be responsible for implementing a follow-up protocol which ensures, to the best of their ability, that no patient who receives program reimbursement services or requires follow-up or medical treatment is lost to follow-up. For all abnormal results the following information will be documented:

1. follow-up appointment information (date and follow-up location)
2. patient contact information (number and date of attempts made to follow-up)
3. referral information (date and referral source).

This contract addendum will cover the period from July 1, 1993, to June 30, 1994.

Ronald H. Clitherow, MPH, Health Director
Guilford County Department of Public Health

North Carolina Department of Environment,
Health, and Natural Resources
Division of Epidemiology

CONTRACT ADDENDUM

Communicable Disease Control Section
Office, Section or Branch

9 4 4 5 1 0 0 4 1
Contract Number

GUILFORD COUNTY HEALTH DEPARTMENT
Contractor

Communicable Disease
Activity

I. Negotiable Objectives:

1) By June 30, 1994, 73 % of 2 year olds receiving immunizations through the health department are age-appropriately vaccinated. (State goal=90%)

N/A IN ADULT HEALTH

2) By June 30, 1994, ___% of patients seen in child health, prenatal, and family planning clinics will have their immunization status assessed and be provided appropriate immunization as an integral part of the clinic. (State goal=99%).

3) By June 30, 1994, 95* % of persons requiring immunizations will be seen within one week of request. (State goal=99%)

4) By June 30, 1994, 95** % of ~~household contacts of and~~ infants born to known chronic hepatitis B carriers complete prophylaxis within 9 months. (State goal=95%)

5) By June 30, 1994, 95 % of hepatitis A and B cases reported meet case definitions. (State goal=95%)

6) By June 30, 1994, 85 % of persons tested for HIV return for results within 3 weeks. (State goal=90%)

7) By June 30, 1994, 100% of staff providing STD service shall be trained to conduct STD evaluations including physical examinations and laboratory work (gram stain, wet prep, urinalysis, stat RPR, and "stat" or "dry" darkfield) and provide treatment under standing orders. (State goal=100%)

8) By June 30, 1994, 85 % of persons requiring STD services will be seen within 1 working day of request. (State goal=99%)

9) By June 30, 1994, 90 % of TB cases complete treatment within 9 months. (State objective = 90%)

10) By June 30, 1994, 35 % of TB cases are on directly-observed therapy. (State goal=90%)

11) By June 30, 1994, 80 % of persons eligible for (under American Thoracic Society Guidelines) TB preventive treatment will complete treatment. (State goal=90%)

II. Basic Local Communicable Disease Control Services include:

1) Provision of required communicable disease services at no cost to the patient AND regardless of the patient's county of residence.

* THIS PERCENTAGE IS DEPENDENT ON INCREASING THE NUMBER WALK-IN IMMUNIZATIONS.
** UNABLE TO TRACK HOUSEHOLD CONTACTS WITHOUT INCREASED COMPUTER CAPABILITY.

Reviewed by _____ 4/7/03
Initials Date

DEHNR 3300 (Revised 2/90)
General Services Division (Review 1/95)

CONTRACT ADDENDUM

Communicable Disease Control Section
Office, Section or Branch

Contract Number

GUILFORD COUNTY HEALTH DEPARTMENT
Contractor

Communicable Disease
Activity

2) Local physician backup, knowledgeable about public health communicable disease control needs for each facet of the communicable disease program.
3) Staff with sufficient training to:
   a) conduct an investigation to identify the source of infection and those at risk for spread of all reportable communicable diseases.
   b) conduct screening evaluations and examinations for those who present for service.
   c) provide appropriate management of cases and contacts to reportable communicable diseases including counseling, treatment, monitoring, and follow-up.
   d) evaluate and initiate appropriate action on referrals for services unavailable through the health department.
   e) make appropriate medical and psychosocial referrals for services unavailable through the health department.
4) An Infection Control Policy that addresses:
   a) management of patients to eliminate airborne disease transmission in the clinic (measles, TB).
   b) universal blood and body fluid precautions with all patients.
   c) routine use of aseptic technique to prevent nosocomial infection and infection to staff.
   d) required measles, mumps, rubella, and influenza immunization of all staff with direct patient contact.
   e) required hepatitis B immunization of those at high risk and with direct patient contact.
   f) management of blood exposures for patients or staff.
5) Coordination and consultation with other providers and institutions to assure appropriate screening, diagnosis, treatment, and reporting of communicable disease cases or suspected cases in county jails, nursing homes, rest homes, hospitals, homeless shelters, etc.
6) Written policies that outline items 1-5 above, as well as:
   a) outreach activities for groups at high risk for STD, TB, HIV, HBV.
   b) outreach activities for follow-up of immunization delinquency.
   c) confidentiality policies for staff including a written agreement and annual training for all staff.

Reviewed by _____ 5/4/93
Initials Date

N.C. Department of Environment, Health, and Natural Resources
Division of General Services

FY '94

CONTRACT ADDENDUM

Nutrition Services Section
Office, Section, or Branch

9 4 5 4 0 2 0 4 1
Contract Number

Guilford County Dept. of Public Health
Contractor

MCH Block Grant Nutrition
Activity

1. 183 hours of MCH Block Grant Nutrition Services will be provided to the target population.

2. The following individuals who are registered dietitians (or registry eligible) or licensed dietitians/nutritionists will provide the nutrition services for this agency. **

Name	Credentials
Judy Crawford	R.D.
Karen Davidson	R.D.
Nancy Nail	R.D., L.D.N.
Carol Bottoms	R.D., L.D.N.
Elizabeth Schiller	R.D., L.D.N.
Carolyn Heath	R.D., L.D.N.
Rebecca Miller	R.D., L.D.N.
Barbara Mitchell	R.D.
Beverly Swann	R.D.
Mary Shore	L.D.N.
Linda LeNoir	R.E.

** Documentation of credentials should be on file in local agency.

Reviewed by
JMH 5/25/93
Initials

North Carolina Department of Environment,
Health, and Natural Resources
Division of General Services

FY 93-94

CONTRACT ADDENDUM

Tuberculosis Control
Office, Section, or Branch

94-4552-0041
Contract Number

Guilford County Health Department
Contractor

CDC-Tuberculosis
Activity

CDC - Tuberculosis Projects Objectives

1. At least 90 percent of newly reported sputum positive TB cases will become non-infectious (convert their sputum from positive to negative) within three months following initiation of therapy.

2. At least 90 percent of all newly reported cases of tuberculosis will complete an American Thoracic Society/Centers for Disease Control (ATS/CDC) recommended regimen of anti-tuberculosis drug therapy.

3. At least 90 percent of all close contacts to infectious cases will receive examinations, with at least 95% of infected contacts under 15 years of age and 75% of infected contacts 15 years of age and over placed on preventive therapy.

4. For infected contacts under the age of 15 placed on preventive therapy, at least 90 percent will complete a minimum of six continuous months of preventive therapy.

6. For infected contacts 15 years of age and older and other high-risk persons of any age, started on preventive therapy, at least 75 percent will complete a minimum of six continuous months of preventive therapy.

7. At least 90% of persons with a positive Mantoux tuberculin skin test identified through screening activities (non-contacts) will be clinically evaluated within two weeks of the skin test reading.

8. At least 80% of persons with TB infection identified through screening activities who have no evidence of clinical TB or medical contraindications will be placed on and will complete 6 months of preventive therapy.

9. At least 90% of persons with TB disease will be offered HIV counseling and testing, either on-site or by referral.

10. At least 90% of TB cases will be placed on directly observed therapy (DOT).

Reviewed by
Initial

8/2/93
Date

CONTRACT ADDENDUM

TB CONTROL BRANCH
Office, Section, or Branch

GUILFORD COUNTY HEALTH DEPARTMENT
Contractor

9 4 4 5 5 1 0 4 1
Contract Number

TUBERCULOSIS CONTROL
Activity

1. By June 30, 1994, 90 percent of newly diagnosed cases of TB will complete treatment within nine months. (State goal = 90%)

2. By June 30, 1994, 85 percent of newly reported sputum positive TB cases on treatment will convert their sputum to negative within three months. (State goal = 85%)

3. By June 30, 1994, 35 percent of TB cases are on directly-observed therapy (DOT). (State goal = 90%)

4. By June 30, 1994, 80 percent of contacts to infectious TB cases will be examined within seven days of recognition of the suspected case. (State goal = 95%)

5. By June 30, 1994, 80 percent of persons eligible for preventive therapy according to American Thoracic Society (ATS) guidelines will complete a minimum of 6 continuous months of preventive therapy. (State goal = 90%)

Reviewed by
SJH
Initials

5/6/93
Date

CONTRACT ADDENDUM

DULT HEALTH
Office, Section, or Branch

94 5 5 1 4 0 4 1
Contract Number

GUILFORD COUNTY HEALTH DEPARTMENT
Contractor

REFUGEE CLINIC
Activity

A. Target Population

The refugee population arriving in Guilford County comes almost exclusively from poor, underdeveloped countries with little or no public sanitation and very little contact with modern medicine. Based on National Summary of Refugee Health Screenings FY 1990 statistics provided by CDC, these are the consequences:

TB infection	45%	Hearing/vision Problems	25%
Hepatitis B carrier status	12%	Immunizations deficient	50%
Parasites	40%	Dental needs	36%
Anemia/malnutrition	12%	One or more problems identified	70%

All refugees migrating into Guilford County are eligible for the Refugee Program. Health appraisals are performed which include: screenings for TB by skin tests, Hepatitis B screening, immunizations, hematocrit and stool examinations for parasites. Treatment is provided for tuberculosis, parasites, and sexually transmitted disease. Hepatitis B vaccine is provided to contacts of carriers. Referrals are made to community resources when ongoing medical supervision for any health care problem is needed.

B. Target Population

Guilford has the largest number of refugees arriving and settling than any other county in N.C. The number of arrivals has averaged 200 per year over the last four years. Adults make up about two-thirds of the population and are screened, given treatment and/or referred for follow-up by Adult Health. About one-third are under 18 years old and receive screening and follow-up at the Child Health Division.

Over 90% of arrivals are from southeast Asia and have experienced poverty and the lack of public sanitation. The result is that tuberculosis, Hepatitis B and parasites are present in the population. Also, our screening program regularly detects curable

Reviewed by

Initials Date

CONTRACT ADDENDUM

ADULT HEALTH
Office, Section, or Branch

9 4 5 5 1 4 0 4 1
Contract Number

GUILFORD COUNTY HEALTH DEPARTMENT
Contractor

REFUGEE CLINIC
Activity

skin problems, extensive dental care needs, anemia due to hookworm, pregnant women in need of prenatal care, and early cancer.

Providing treatment and early intervention of these health problems safeguards the health of our community.

C. Goals

1. Initiate health screening for all refugees entering the community.
2. Refer to TB Clinic all refugees with positive skin tests.
3. Provide treatment for all positive parasite infestations.
4. Counsel Hepatitis B carriers and vaccinate household members who are susceptible.
5. Refer other presenting health problems to appropriate resources in the community.
6. Communicate at least biweekly with sponsoring agencies to plan and evaluate health care of refugees.

D. Program Objectives

1. Initiate Health screenings for refugees entering the community and coordinate treatment and referral for all identified health problems.

   a. Screen 150 refugees for health problems by June 30, 1993.

2. Communicate and coordinate with sponsoring agencies to facilitate delivery of services and provide education about our health care system.

   a. Communicate at least biweekly with sponsoring agencies by phone or in person for consultations.

E. Intervention Activities

See the attached Guilford County Department of Public Health Strategic Plan, 1991, page 17. The administrative and service delivery objectives are listed below.

Reviewed by

Initials _____ Date _____

CONTRACT ADDENDUM

ADULT HEALTH
Office, Section, or Branch

9 2 5 5 1 4 0 4 1
Contract Number

GUILFORD COUNTY HEALTH DEPARTMENT
Contractor

REFUGEE CLINIC
Activity

Refugee clinics are held in Adult Health twice monthly, Child Health twice monthly, and as needed to provide a health assessment for refugees soon after they arrive in the community. Medicaid reimbursement for the screening is $ 46.72. Treatment is provided for tuberculosis, sexually transmitted diseases, parasites and head lice. Immunizations are updated.

.Anurse works at least 20 hours per week for outreach, follow-up of refugees with infectious or chronic diseases, and coordination of health care by arranging necessary appointments with Child Health clinics, Family Planning/Maternity clinics, Moses Cone Outpatient Department, Moses Cone Family Practice Center, or private practitioners. She works cooperatively with the Lutheran Refugee Resettlement program and other sponsoring organizations.

The Laboratory provides quality-assured services in accordance with the Division of Health Services manual. Tests performed include stool examinations for ova/parasites and occult bloods, routine urinalysis, and pregnancy tests. Certain other tests are sent to the state laboratory.

F. Quality Assurance

Agency and Adult Health Quality Assurance Plans are on file in the Agency Staff Development Office.

The name, credentials and title(s) of health professional(s) implementing with this contract are: Dawn Burtt, RN Refugee Health Nurse; Joe Ann Fleming, RN Refugee Health Supervisor; Sylvia Wyrick, RN MPH Infectious Disease Prevention Unit Manager; Edith Millsaps, RN MSN Adult Health Nursing Director; Linda Santell, Staff Development Director.

The frequency of planned quality assurance meetings; the type of information to be collected and reviewed e.g., adult health clinical record review, direct observation of program activities, review of hypertension program policies and procedures, etc., and the method of documentation of quality assurance findings and corrective actions taken can be found in the attached Adult Health Quality Assurance Policy.

Protocols used for screening, education, referral/treatment and follow-up; community based interventions; etc., can be found in the attached Refugee Health Policies.

Reviewed by

Initials Date

CONTRACT ADDENDUM

FY 93-94

Adult Health
Office, Section, or Branch

Guilford County Department of Public Health
Contractor

Contract Number
Health Promotion, Adul Health & Hypertension
Activity

A. Adult Health Problems/Needs, Program Area/Focus

1. Problems/Needs in Communities
Identify the most important adult health problems/needs in your communities.

Please see attached

2. Program Area/Focus To reduce the prevalence of cardiovascular disease, and lung, breast, cervical, and colorectal cancers in Guilford County.

a. Identify the problem(s) you will address in this contract by placing a check mark(s) beside the appropriate item.

Heart Disease/Hypertension/Stroke	X	Cancer:	
Diabetes		Breast	X
Glaucoma		Cervical	X
Arthritis		Colorectal	X
Renal Disease Prevention		Lung	X
Sedentary Lifestyle	X	Prostate	
Cholesterol	X	Tobacco Use:	
Nutrition	X	Smoking	X
Obesity	X	Smokeless	X

Other, Specify: _____

b. Does your contract address the following:

1. Adult Health Physical Assessment X

2. Primary Care Discuss and assist with resources

Reviewed by

RLH
Initials

6-24-93
Date

A. Adult Health Problems/Needs, Program Area/Focus

1. Heart disease and cancer are the leading causes of death in Guilford County. These two health threats are targeted through the health promotion and adult health efforts. Mortality due to diseases is largely preventable through the modification of several lifestyle or behavioral factors and the elimination or control of several predisposing physical conditions. The major behavioral risk factors for cardiovascular disease (CVD) and the four cancers are: smoking, physical inactivity, and poor nutrition. These factors also influence the following physical conditions which are linked to increased CVD and cancer risks: hypertension, high blood cholesterol, and obesity. The prevalence of the risk factors among our adult population was assessed through a telephone survey modeled after the State Behavioral Risk Factor Survey. The survey was completed in June 1991. Thus it is possible to estimate the following:

Risk Factors	Estimated Prevalence	Estimated # of Guilford County Adults with Risk Factor
Behavioral	27% smoke	69,917
	62-80% are inactive physically	160,550-207,161
	No estimate available for poor nutritional habits	
Physical Condition	15% have been told they have hypertension on more than one occasion	41,432
	32% have never had cholesterol level checked	82,864
	42% of those who had had cholesterol level checked and knew their number had levels equal to or over 200	108,759
	17% of those who had had a cholesterol level checked and knew their number had levels over 240	44,022
	25% are overweight	64,738

CONTRACT ADDENDUM

FY 93-94

Adult Health
Office, Section, or Branch
Guilford County Department of Public Health
Contractor

Contract Number
Health Promotion, Adult Health & Hypertension
Activity

B. Target Group(s)

First name your target group(s), then refer to the attached "Target Group Descriptors" sheet to complete this section. From each category, select the descriptor(s) that best describes your target group(s). You may choose one(1) or more descriptors per category. Example of category: Age. Example of descriptor: young adults 18-34 years.

Complete as many categories as is possible.

1. Target Grp. Name CVD/Cancer Risk Reduction
   Age 18-64
   Race All, with emphasis on minorities
   Gender Both
   Occupation Manufacturing
   Education Less than Grade 12
   Income Less than $10,000/$10,000-19,000
   Underserved Un/Underinsured-Blue Collar
   Site Place of employment, Health Dept., Community
   Other (specify) ---
   Total number Approx. 107,804
   Number expected to reach 50,000
   Explain why you chose this target group.
   Less access to preventive health services; CVD is leading cause of death; cancer is second leading cause of death in 18-64.

2. Target Grp. Name _____
   Age _____
   Race _____
   Gender _____
   Occupation _____
   Education _____
   Income _____
   Underserved _____
   Site _____
   Other (specify) _____
   Total number _____
   Number expected to reach _____
   Explain why you chose this target group.

3. Target Grp. Name _____
   Age _____
   Race _____
   Gender _____
   Occupation _____
   Education _____
   Income _____
   Underserved _____
   Site _____
   Other (specify) _____
   Total number _____
   Number expected to reach _____
   Explain why you chose this target group.

4. Target Grp. Name _____
   Age _____
   Race _____
   Gender _____
   Occupation _____
   Education _____
   Income _____
   Underserved _____
   Site _____
   Other (specify) _____
   Total number _____
   Number expected to reach _____
   Explain why you chose this target group.

C. Community Organizations

List the community organizations that you will work with on this program (i.e., American Cancer Society, Cooperative Extension)

AHA; ARC; USOA; Guilford Co. Ag. Ext.; Alliance; Local hospitals; YMCA's; Wellness Council of the Piedmont; YWCA's; Local civic organizations· ALA; ACS; Guilford Business & Health

D./E. Goals and Objectives

All health departments are expected to use the Goal Oriented Evaluation format. Select goals and objectives from Model Objectives as they relate to your program. Use the format on the following page to describe your program's goals and objectives. It is expected that the Goals, Objectives, Terms in Objectives, Method of Measures, and Measure columns will be completed as part of the Contract Addendum. Results and Analysis are completed as part of the Performance Report. Complete a separate form for each Program Goal.

Note: Health Promotion Program contracts must include a training objective. For example, "staff will attend at least one health promotion training endorsed by the Division of Adult Health within the contract year."

F. Quality Assurance

This program must have a Quality Assurance (QA) plan which includes at least the following components: Please indicate the components that you have in your Quality Assurance plan by placing a check mark after the appropriate item.

		YES
1.	Quality Assurance plan is written and on file.	X
2.	Regular QA meetings are planned.	X
3.	Appropriate methods of collecting and reviewing program information will be used (e.g., adult health clinical record review, direct observation of program activities, review hypertension program policies and procedures, etc.)	X
4.	Quality assurance findings and corrective actions taken will be documented.	X
5.	Protocols for screening, education, referral/treatment and follow-up, etc., are established.	X

In the appropriate space below, please give the name, title, and degree of person(s) implementing this contract:

Name	Title	Degree
Ronald H. Clitherow	Health Director	MPH

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
CHRONIC DISEASE PREVENTION UNIT

Objectives:
*Health Promotion
**Adult Health
***Hypertension

March, 1993

OBJECTIVE	METHOD OF MEASUREMENT	MEASURE	RESULT	COMMENTS
GOAL: REDUCE THE PREVALENCE OF MULTIPLE CARDIOVASCULAR DISEASE AND/OR CANCER RISK AMONG GUILFORD COUNTY ADULTS				
A1) By June 30, 1994, promote and make environmental and/or policy changes in one location in the community that is conducive to reducing CVD and/or cancer risk.*	Records will be kept on the type and number of changes promoted and made.	Number of locations where environmental and/or policy changes planned.		
A2) By June 30, 1994, promote to the community knowledge/ awareness through 4 media community campaign events about how to decrease CVD and/or cancer risk factors (eg. smoking, high blood pressure, high blood cholesterol, physical activity, weight management).*	Record Documentation: eg. number, types, and lengths of media events.	Number of media/ community campaign events accomplished. Number of media/ community campaign events planned.		
A3) By June 30, 1994, provide 10 colorectal cancer education programs to age-appropriate groups.	Records will be kept on number of presentations and number attending.	Number of presentations/people reached.		

OBJECTIVE	METHOD OF MEASUREMENT	MEASURE	RESULT	COMMENTS
A3a) By June 30, 1994, complete hemoccult screening for 80% of age-appropriate women seen for women's health screening.	Record documentation of number of women over 40 screened and number completing hemoccult.	Number of women over 40 screened/number of hemoccults completed.		
A4) By June 30, 1994, provide comprehensive CVD and cancer risk factor assessments (HRA's) to 300 adults at worksites (using new interpretation format).**	Record documentation: Total number of HRA's completed.	Number of adults who receive CVD risk factor assessments. Number proposed to receive CVD risk factor assessments.		
A5) By June 30,1994, provide education/ counseling to 100% of persons screened for CVD and cancer risk status (HRA's).**	Record Documentation: Total number of HRA interpretations provided.	Percentage of clients screened for CVD risk status who receive education/counseling. Percentage Proposed		
A6) By June 30, 1994, provide referral and follow-up to 100% of persons determined to be at CVD and cancer risk (according to CDPU Referral Policy).**	Record Documentation: eg. POHR, screening forms. Can use total counts or random sample (record audit).	Percentage of persons determined to be at CVD and cancer risk who receive referral and follow-up. Percentage Proposed		
A7A) By June 30, 1994, at least one public and/or community-based activity related to reducing the risk of factors for CVD will be held.*	Records will be kept on the type, place and participation in the event.	Number of events held. Number of events proposed.		

OBJECTIVE	METHOD OF MEASUREMENT	MEASURE	RESULT	COMMENTS
A7b) These activities will be sponsored by the Health Department and at least one other community organization or agency.*	Records will be kept on the sponsoring agencies for each activity.	Score 1 if Health Department, plus one other agency. Score 1+ 0.1 for each additional agency over one. Score 0.5 if only one agency.		
A8a) By June 30, 1994, provide nutrition education/ counseling related to CVD and/or cancer to 250 people.	Records will be kept on people receiving nutrition education/ counseling.	Number of people receiving nutrition education/ counseling.		
A8b) By June 30, 1994, at least 3 health promotion staff members will have attended at least one workshop or conference (on 1 or more aspects of CVD prevention) endorsed or sponsored by the Division of Adult Health.*	Records will be kept on the dates and titles of such programs and on the local health promotion staff attending.	Number of health promotion staff attending such programs. Number proposed to attend such programs.		
GOAL: REDUCE THE MEAN SERUM CHOLESTEROL LEVEL IN GUILFORD COUNTY ADULTS				
B1) By June 30, 1994, test the total serum cholesterol level of 800 adults in the county.**	Record Documentation: Total cholesterol screening counts.	Number of adults tested for total serum cholesterol. Number proposed		

OBJECTIVE	METHOD OF MEASUREMENT	MEASURE	RESULT	COMMENTS
B2) By June 30, 1994, provide education on cholesterol and related dietary risk factors to 100% of persons screened.**	Record Documentation: Total cholesterol screening counts.	Percentage of clients screened who received the appropriate education. Percentage proposed		
B3) By June 30, 1994, provide counseling, and if indicated, referral and follow-up for 100% of persons identified with blood cholesterol levels >200 mg/dl with 2 other risk factors or >240 mg/dl with no previous history.	Record Documentation: eg. POHR, screening forms. Can use total counts or random sample.	Percentage of clients with total serum cholesterol levels above 200 mg/dl with 2 other risk factors or above 240 mg/dl with no previous history, who received appropriate counseling, referral, and follow-up. Percentage proposed		
B4) By June 30, 1994, an educational program related to nutrition will be provided to 200 persons in the community.*	Keep records of programs/activities offered and the number of participants.	Number of persons who participated in the educational program related to nutrition. Number proposed		
GOAL: REDUCE THE MEAN BLOOD PRESSURE OF GUILFORD COUNTY ADULTS TO THE NATIONAL GOAL OF 140/90 OR LESS				
C1) By June 30, 1994, screen 1000 adults in the county for blood pressure and risk factors for hypertension (as defined by the joint National Committee on High Blood Pressure).***	Record Documentation: eg. AHIS, POHR, screening forms. Can use total counts or random sample.	Number of adults in the county whose blood pressures are measured. Number proposed		

OBJECTIVE	METHOD OF MEASUREMENT	MEASURE	RESULT	COMMENTS
C2) By June 30, 1994, 800 adults in the county will receive information on the risk factors associated with hypertension and its prevention, control, and treatment as part of ongoing education efforts.***	Record Documentation: eg. POHR, screening forms. Can use total counts or random sample.	Number of adults in the county who received the appropriate education. Number proposed		
C3) By June 30, 1994, provide counseling, referral, follow-up, and/or repeat blood pressure screening, as indicated for 100% of clients identified with blood pressure >140/90.***	Record Documentation: eg. AHIS, POHR, screening forms. Can use total counts or random sample.	Percentage of clients identified with blood pressures >140/90 who received counseling, referral, follow-up, and/or repeat screening. Percentage proposed		
C4) By June 30, 1994, 12 ongoing public and/or community-based educational activities related to blood pressure and its control will be held (blood pressure clinics).***	Records will be kept on the number, type, place, and participation in the event(s).	Number of activities held. Number of activities proposed.		

HIV/STD Control Branch
Office, Section or Branch

9 4 4 5 3 6 0 4 1
Contract Number

Guilford County
Contractor

HIV/STD Control
Activity

Local Health Department HIV Control Objectives

1. By June 30, 1994, 100% of the staff hired with HIV/STD Control Branch, FY93-94 aid-to-county funds for HIV antibody counseling and testing will have received training provided by the HIV/STD Control Branch or by others trained by the Branch (Statewide objective = 95%)

2. By June 30, 1994, 100% of persons receiving confidential HIV antibody testing will have signed an informed consent form.

3. By June 30, 1994, 95% of the HIV serology forms designated by the Division of Epidemiology will have all items answered completely and accurately. (Statewide objective = 95%)

4. By June 30, 1994, 100% of all patients testing positive on HIV will be referred to the HIV/STD Control Branch Regional Supervisor within three to seven days of post-test counseling.

5. By June 30, 1994, 95% of the patients seen in Family Planning and TB clinics will receive basic information about HIV and other sexually transmitted diseases. (Statewide objective = 85%)

6. By June 30, 1994, 95% of patients seen in Family Planning and TB clinics who receive basic information about HIV/STDs and those whose behaviors place them at risk for HIV/STDs will be offered HIV counseling and testing. (Statewide objective = 95%)

7. By June 30, 1994, confidential HIV counseling and testing will be recommended to 95% of all patients seen in STD clinic. (Statewide objective = 95%)

5/13/93

8. By June 30, 1994, 95% of maternity patients will receive information about HIV/STDs and be offered HIV counseling and testing. (Statewide objective = 95%)

9. By June 30, 1994, 90% of persons tested for HIV return for results within 3 weeks. (State objective = 90%)

10. By June 30, 1994, 95% of the staff involved in HIV education activities will have received specific training on HIV information and education issues. (Statewide objective = 90%)

11. By June 30, 1994, 90% of HIV education efforts will target communities/ individuals at risk or potentially at risk for HIV and other sexually transmitted disease (e.g. minorities, gay/bisexual men, drug users, women of childbearing age and adolescents). This can include direct educational services to the targeted population and/or consultation/collaboration with other agencies serving these populations. (Statewide objective = 80%)

CONTRACT ADDENDUM FOR COMPREHENSIVE HIV COUNSELING AND TESTING SERVICES Fiscal Year 1993- 1994

Guilford County Department of Public Health offers anonymous and confidential HIV counseling. We began offering anonymous HIV counseling and testing in 1985. In 1987 we expanded our services to include confidential testing for health department patients and clients where knowledge of antibody status would alter medical management. Clients that are considered high risk are given information about HIV transmission and are encouraged to request the test. HIV/AIDS services including education, screening and counseling are offered in:

- Maternity Clinic
- Family Planning Clinic
- Chest Clinic (TB)
- Adolescent Clinics
- STD Clinic

Staff in the Infectious Disease Prevention Unit of the Adult Health Division provide HIV antibody testing and counseling services. The nurse with primary responsibility for counseling and testing services attends all AIDS Control Branch training workshops that are specifically designed to address counseling and testing issues. In addition, all staff have access to current HIV/AIDS information that is published in journals and newsletters.

HIV antibody counseling and testing is available by appointments to clients during the hours of 8:30 - 11:30 AM and 2:00 - 4:00 PM on Monday, Tuesday, Thursday and Friday of each week and during the hours of 8:30 - 10:15 AM on Wednesdays. In addition, walk in clinics are available throughout the week in both High Point and Greensboro to increase accessibility of the service for individuals at risk.

Clients are informed of our counseling and testing services through clinic visits (STD, Family Planning, Maternity and TB) and through community outreach efforts.

All AIDS/HIV policies and procedures are kept in a procedure manual, including a policy on HIV Counseling and Testing. The Counseling and Testing policy follows all AIDS/STD Control Branch Guidelines as well as the AIDS Section of the Section of the Communicable Disease Laws and Rules.

Confidentiality of all client tests is ensured. A log book using a number system is kept in a locked file. This record is accessible to only the nurses involved in HIV Counseling and Testing.

5/14/93

5/13/93

CONTRACT ADDENDUM FOR AIDS CONTROL ACTIVITIES
Fiscal Year 1993 - 1994

In February 1988, a Public Health Educator was hired to work in the area of AIDS education. On March 8, 1993 a second health educator was hired to target high risk individuals living in the city of High Point. Current activities of the AIDS health educators include coordination of the agency AIDS/HIV speakers bureau, participation in community HIV/AIDS task forces and coordination of HIV/STD community outreach efforts.

In 1988 an AIDS Speakers Bureau was assembled to assist with the response to community requests for AIDS educational programs. The lead AIDS Health Educator acts as the chair of this group. Approximately fifteen health department staff, trained to speak on the topic of HIV/AIDS, do presentations to a variety of community groups including: schools, businesses, religious and civic groups, and substance abuse treatment agencies. In 1992 members of the local AIDS Service organizations (Triad Health Project and the Guilford County Minority AIDS Task Force) as well representatives from the Red Cross attended Speaker's Bureau meetings and training sessions. This has helped to assure consistency in the message that is delivered to the community from the different agencies.

The AIDS Health Educators and other staff in the Infectious Disease Prevention Unit work to mobilize the community against HIV/AIDS by participating in a number of organized committees and coalitions. These groups include: the Guilford County AIDS Partnership, the Triad HIV Consortium and the Moses Cone Hospital AIDS team. Members of these groups include representatives from selected community organizations including local hospitals, businesses, non-profit agencies (such as the Red Cross), ministerial associations and groups serving high risk populations (Such as GreenPoint Chemical Dependency Agency and Triad Health Project).

During the 1992-1993 fiscal year the health educators working with the Infectious Disease Prevention Unit continued to organize and coordinate community programs which target high risk populations for sexually transmitted diseases. Two such programs are the Risk Reduction Project and the CHAP:THINK Program. The Risk Reduction Project targets minority adults and women living in neighborhoods with a high prevalence of drug use for AIDS education. Education is provided through small group educational sessions called Risk Reduction Parties. These parties follow the "Tupperware Party" concept and are lead by a trained volunteer with a health professional. The CHAP:THINK Program is a eleven week program which trains teenage girls to become health advocates in the city of High Point. This past year 16 adolescents (age 12-14 years) attended sessions on teenage pregnancy, substance abuse, HIV/STD's, contraception, reproductive anatomy and family violence.

5/14/93 5/13/93

AIDS/ HIV PREVENTION ACTIVITIES FOR FY 93 - 94:

Funds this year will be used to increase our efforts in reaching individuals at high risk for HIV/STD infection or transmission and to increase collaboration with other community groups and agencies providing HIV/AIDS services in the city of High Point.

ACTIVITIES / OBJECTIVES:

1. By July 1, 1993 conduct two meetings of key health department administrators and staff to identify the role of the health department in the community's response to AIDS and to identify the key target groups to be reached with Risk Reduction Education.

2. By August 15, 1993 develop an effective HIV/STD Risk Reduction Program which focuses on the high risk target group(s) identified in the above mentioned meetings or improve the existing Risk Reduction Project (training Risk Reduction group leaders through the Salvation Army Boys and Girls Club) if the target group remains the same after the review of current services.

3. By June 30, 1994, reach 1,000 high risk adults with HIV/STD information through the Risk Reduction Project.

4. By October 30, 1993 co-coordinate AIDS Awareness Month activities with a representative from the local AIDS Service agency.

5. By June 30, 1994 continue quarterly meetings of the AIDS Speakers Bureau and conduct at least one training session for speaker's bureau members.

6. By April 30, 1994 conduct two CHAP:THINK Programs, training 20 teenagers from High Point to become health advocates.

7. By December 30, 1993 organize a community AIDS Team in the city of High Point, including representatives of local health agencies, businesses and civic groups.

EVALUATION:

Quality Assurance and evaluation will be the primary responsibility of the Lead AIDS Health Educator in the Adult Health Division. Information to be collected and reviewed includes:

- The number of group educational sessions on Risk Reduction and the number of people reached (collected on Agency Request Forms and recorded on a Monthly report of Health Education Activities)
- The number of teenagers trained to be health advocates through CHAP:THINK and written entries in journals kept by the participants describing ways in which they help friends with health problems.
- Verbal and written comments from participants at each Risk Reduction session and each CHAP:THINK program (recorded on Agency Health Education Service Evaluation Forms)
- The number of media contacts on Sexually transmitted diseases or HIV/AIDS (recorded on a Monthly report of Health Education Activities)
- Written comments from trained health educators during observations of staff performing educational services (recorded on agency observation forms)

EDUCATIONAL MATERIALS REVIEW COMMITTEES

COMMUNITY:

Paula Hawkins	Health Educator	Family & Children Services
Susan Shore Howard	Parent/Community Leader	
Bill Ingram	Health Educator	Family Life Council
Carol Davis	Parent/Community Leader	
Anne Kimball	Dir. of Consultation & Ed.	GreenPoint Chemical Depend. Ctr
Cynthia Daniels	Educator	Youth Focus
Keri Gross	Health Educator	Guilford Co. Health Department

IN-HOUSE (Adult Health Division):

Donna Dinkin	Health Educator
Keri Gross	Health Educator
Carol Womble	Nurse
Deborah Faulconer	Nurse
Carin Hiott	Nurse
Bonnie Cook	Management Support

Request For Educational Services

Group _____ Topic _____

Date _____ Attendance _____ Presenter _____

Date of Request_____ Person Taking Request _____

Contact Person _____ Phone _____

Topic/Service _____ Presentation _____ Health Fair _____

Date(s) of Event _____ Time _____

Audience Description _____ Expected # _____

Location/Directions _____

☑ _____

_____ Reviewed content of presentation & materials to be distributed with contact person.

Plans:_____

_____

_____

Comments/Follow-Up: _____

_____

_____

_____

Reviewed: Div. Lead HEED _____ Date _____

(Suggested program planning guideline on back)

Appendix H-1 5.3

Guilford County Department of Public Health

What did you think?

Please help us evaluate our health education program.

Program/Topic _____

Presenter _____ Date _____

Circle the number which most closely matches your opinion.
(Skip if doesn't apply.)

	Poor	Fair	Average	Good	Excellent
What did you think of the information given?	1	2	3	4	5
How did you like the way the class was organized. . .	1	2	3	4	5
Did you think the visual materials were useful?	1	2	3	4	5
What did you think of the presenter?	1	2	3	4	5
How would you rate the program overall?	1	2	3	4	5

Was this program useful? Yes ___ No ___

What did you like best? _____

_____

What did you like least? _____

_____

Do you plan to make any changes in your behavior/habits after attending this program?

_____

_____

Any other comments? _____

_____

_____

THANK YOU!

CONTRACT ADDENDUM

Women's Preventive Health Branch
Office, Section, or Branch

9 4 5 1 5 1 0 4 1
Contract Number

Guilford County Health Department
Contractor

Family Planning
Activity

AGENCY WC PLAN 1993-94
FAMILY PLANNING/MATERNITY DIVISION
PART III

1. 1,365 new patients age 20 and above will be served.

2. 735 new patients age 19 and under will be served.

3. 5,810 total persons age 20 and above will be served.

4. 2,295 total persons age 19 and under will be served.

5. 50 % of low income women (age 20 and over) at or below 150% of federal poverty level will be served.

6. 50 % of the total caseload at or below 150% of the federal poverty level will be served.

7. 36 % of sexually active teens (age 19 and under) will be served.

8. The local health agency has written policies in place for family planning services:

   (a) Description of local family planning services, including local protocols, standing orders and components of Initial, Complete, Limited and Extended Revisits.

   (b) Tracking mechanism for follow-up of abnormal tests, referrals and other indicators.

   (c) Follow-up of **family planning patients** with positive pregnancy tests to assure patient has access to health care provider. (NOTE: An intermediate sensitivity urine pregnancy test which can reliably detect pregnancy within 14 days of conception should be used.)

   (d) Follow-up of missed appointments.

   (e) Follow-up and protocol for clients wanting permanent contraception.

Reviewed by

Initials _____ Date _____

CONTRACT ADDENDUM

Women's Preventive Health Branch
Office, Section, or Branch

9 4 5 1 5 1 0 4 1
Contract Number

Guilford County Health Department
Contractor

Family Planning
Activity

(f) Offering HIV-STD prevention method (condoms and spermicide) to clients who have high-risk behaviors (use high-risk behaviors for HIV as defined by HIV/STD Prevention Program).

(g) Identification of high risk contraceptors.

(h) Counseling family planning postpartum clients to delay pregnancy for at least 12 months after delivery.

9. Persons enrolled in the local agency's family planning program will be provided the following services as documented in their medical records:

(a) All patients will receive an initial or updated history which consists of: medical; social; family; surgical; menstrual; douching; contraception; drugs/medication; obstetrical and immunization (Td, Rubella) on initial or complete visits.

(b) All patients will receive an annual physical examination on initial or complete visits which consists of: weight; height (if growth not complete); blood pressure; breasts; heart; lungs; abdomen; extremities; complete pelvic examination and rectal examination, if indicated.

(c) Limited revisits include reason for visit, method specific history, weight, blood pressure and education and counseling if indicated.

10. The following tests will be obtained on all initial or complete visits and documented in the medical record:

(a) Hematocrit or hemoglobin
(b) Urinalysis for sugar and protein
(c) Pap smear
(d) Gonorrhea culture

Reviewed by

Initials Date

CONTRACT ADDENDUM

Women's Preventive Health Branch
Office, Section, or Branch

9 4 5 1 5 1 0 4 1
Contract Number

Guilford County Health Department
Contractor

Family Planning
Activity

(e) Syphilis Serology (required on initial visits, required on complete visits in the presence of a positive gonorrhea culture or on other visits as indicated by the clinician). Note: HIV testing is recommended in the presence of a positive syphilis serology.

11. Immunity Assessment for Rubella & Tetanus-diphtheria will be documented in the patient's record on all initial and complete visits:

(a) Rubella assessment includes documentation of Rubella vaccine or laboratory test indicating immunity. Once immune, no future assessments are needed. If no documentation of vaccine or immunity, Rubella vaccine is given to non-pregnant clients (see Medical Guidelines).

(b) Tetanus-diphtheria assessment includes documentation of Tetanus-diphtheria vaccine.

Assessment on complete visits is not required if TD vaccine was given and documented within the last ten years. If no documentation, Td vaccine should be given (See Medical Guidelines).

12. Education and Counseling:

(a) Client received information on all contraceptive methods and their risks and benefits (including natural family planning and abstinence for teens). See Medical Guidelines.

(b) Client received additional information on contraceptive method(s) to be used.

(c) Education in HIV infection and AIDS including counseling on risk assessment, HIV prevention and how to get tested (on site or referral) was provided.

Reviewed by

Initials _____ Date _____

CONTRACT ADDENDUM

Women's Preventive Health Branch
Office, Section, or Branch

9 4 5 1 5 1 0 4 1
Contract Number

Guilford County Health Department
Contractor

Family Planning
Activity

(d) Breast self examination was taught or education reviewed.

(e) Minors under 18 years of age were counseled about the importance of discussing birth control needs with parent(s) and minor signs form.

(f) Information about emergency and after-hour services was provided.

13. Method specific consent form was reviewed with client, dated, signed by client, and copy given to client.

(a) Consent forms are updated and resigned with any change in method, or change in prescription of same method.

(b) Any individual risk to contraceptive method was identified on the method specific consent form.

14. Screening, Diagnosis, Treatment and Follow-up Services
There is evidence in the record that:

(a) Significant problems are identified and documented.

(b) Problems, conditions and abnormal findings are appropriately followed.

(c) There is evidence that clinical and laboratory findings were discussed with client.

15. The highest level provider of care on all Initial and Complete Visits for oral contraceptive, IUD, Norplant and Depo Provera users was a physician or physician extender (nurse practitioner, CNM or physician assistant).

Reviewed by

Initials _____ Date _____

CONTRACT ADDENDUM

Maternal Health Branch
Office, Section, or Branch

9 4 5 1 0 1 0 0 4 1
Contract Number

Guilford County Health Department
Contractor

Maternal Health
Activity

1. An estimated 973 (number) new patients will be admitted to the Health Department Maternity Program. HSIS Report: **MATERNAL HEALTH ACTIVITY SUMMARY** (Item I.A.).

2. An estimated 7,064 (number) patient visits (i.e. complete service) will be made to the Health Department maternity clinics. HSIS Report: **MATERNAL HEALTH ACTIVITY SUMMARY** (Item V.A.1. - "TOTAL" column).

3. An estimated 29.5 % of those persons served by the Health Department Maternity Program will initiate prenatal care in the first trimester (0-14 weeks) of pregnancy. HSIS Report: **MATERNAL HEALTH PROGRAM INDICATORS** (Item I.A. - "ALL PERSONS SERVED" column).

4. The health department has written policies in place for facilitating early entry into prenatal care which include the following:

   (a) Follow-up of positive pregnancy tests within two weeks to assure patient has access to a health care provider.

   (b) In the presence of a three weeks or greater waiting list, triage of those women who request prenatal services from the health department for purposes of determining their scheduling priority for their first clinic visit.

   (c) Referral to WIC upon making contact with a pregnant woman.

   (d) Referral for medicaid eligibility determination and maternity care coordination upon making contact with a pregnant women.

5. An estimated 97 % of those persons served by the Health Department Maternity Program will receive WIC Program services. HSIS Report: **MATERNAL HEALTH CLOSURE SUMMARY** (Item X.A. "TOTAL" column) or HSIS - WIC MATCH FOR WOMEN.

6. An estimated 80 % of those persons served by the Health Department Maternity Program will receive care coordination services. HSIS Report: **MATERNAL HEALTH PROGRAM INDICATORS** (Item III.A. "COUNTY" column).

Reviewed by

Initials _____ Date _____

CONTRACT ADDENDUM

Maternal Health Branch
Office, Section, or Branch

9 4 5 1 0 1 0 0 4 1
Contract Number

Guilford County Health Department
Contractor

Maternal Health
Activity

7. An estimated 71.2 % of those persons served by the Health Department Maternity Program will receive a postpartum or family planning exam within 8 weeks after delivery. HSIS Report: **MATERNAL HEALTH CLOSURE SUMMARY** (Item XI.A. "TOTAL" column).

8. Public Health Nurses who are the highest level of medical provider for subsequent prenatal visits will have completed the Maternal Health Assessment Training Program at Guilford County or an equivalent maternal assessment course.

9. The health department has written policies in place that appropriately address the following:

   (a) Follow-up of missed prenatal appointments.

   (b) Postpartum follow-up of women who received no prenatal care based upon information received from birth certificates or other appropriate sources.

   (c) Follow-up of pregnant women who express interest in permanent sterilization or contraception.

   (d) High risk conditions indicating referral to a high risk maternity clinic or obstetrician.

10. Persons enrolled in the Health Department Maternity Program will be provided the following services as documented in their medical records:

   (a) An estimated 99 % will receive an initial maternal health history which consists of at least 7 of the following 9 components: medical; family; surgical; immunization (TD, Rubella); drugs/medication; menstrual; contraceptive; obstetrical; and psychosocial.

   (b) An estimated 99 % will receive an initial physical examination which consists of at least 6 of the following 8 components: thyroid; lungs; breast; heart; abdomen; extremities; pelvic (uterine size or fundal height) and blood pressure.

Reviewed by

Initials _____ Date _____

CONTRACT ADDENDUM

Maternal Health Branch
Office, Section, or Branch

9 4 5 1 0 1 0 0 4 1
Contract Number

Guilford County Health Department
Contractor

Maternal Health
Activity

(c) An estimated 99 % will receive routine laboratory services which consist of at least 13 of the following components:

1. Blood Group-initial visit
2. RH Determination-initial visit
3. Antibody screen-(initial visit and repeat as indicated)
4. Antibody Titer -- (if positive antibody screen and repeat as indicated)
5. Rubella Immune Status
6. Gonorrhea culture-initial visit
7. Gonorrhea culture-repeat /3\
8. Pap Smear-initial visit*
9. Wet Mount-initial visit
10. Urine Dipstick - Seven test screening, each visit
11. Quantitative Urine Culture -- initial, and if needed subsequent visits
12. Blood Glucose - (50g. glucose load/OGTT if indicated)
13. Hgb/Hct - each trimester
14. Hgb Electrophoresis (if indicated and with informed consent)
15. Chlamydia screen -initial visit
16. Chlamydia repeat - /3\ if previously positive
17. AFP Screening

* Unless last documented Pap Smear was done within last six months, documented in the patient's record and judged within normal limits by the maternity clinician.

(d) STS on the initial visit and a repeat STS in the /3\.

(e) Screening for hepatitis B on the initial visit, unless known to be infected, and follow-up of an infant born to an infected mother to assure he/she receives prophylactic treatment.

(f) An estimated 99 % will receive at least 4 of the following 6 components on all subsequent routine scheduled visits that take place after 14 weeks gestation: interim history/routine screening questions; weight; blood pressure; fundal height; fetal heart tones, and presentation.

Reviewed by

Initials _____ Date _____

CONTRACT ADDENDUM

Maternal Health Branch
Office, Section, or Branch

9 4 5 1 0 1 0 0 4 1
Contract Number

Guilford County Health Department
Contractor

Maternal Health
Activity

(g) An estimated 98 % will receive a nutrition assessment and have a care plan developed on the initial visit with subsequent nutrition contacts appropriate to the identified need(s).

(h) An estimated 98% will have their weights plotted on a weight gain grid for all routine visits.

(i) An estimated 99 % of those with any of the following high risk conditions will be assessed by a nutritionist and receive education that addresses their specific condition(s) and referral as appropriate:

1. Maternal age ≤ 15 years
2. Chronic hypertension
3. Diabetes mellitus
4. Sickle cell disease
5. Alcohol abuse
6. History of previous LBW infant
7. Multiple fetuses
8. Underweight ≥ 10% for standard body weight
9. Weight loss ≥ 2 lb./month in /2\ and /3\
10. Weight gain ≤ 8 lbs. by 26 weeks
11. Intrauterine growth retardation
12. Hgb ≤ 10 or Hct. ≤ 30%
13. PICA
14. Prior history of lead poisoning

(j) An estimated 99 % will be provided with a prenatal supplement containing folic acid and iron.

(k) An estimated 99 % of those patients with abnormal clinical findings will be appropriately followed.

(l) An estimated 99% of those with a high risk condition will receive consultation from or be referred to an obstetrician or high risk maternity clinic.

(m) An estimated 99 % will have completed a risk assessment for preterm labor if admitted prior to 35 weeks of pregnancy.

(n) Prenatal Education will include documentation in the record of:

1. All patients will receive individual education about their identified risk conditions(s)

Reviewed by

Initials _____ Date _____

CONTRACT ADDENDUM

Maternal Health Branch
Office, Section, or Branch

9 4 5 1 0 1 0 0 4 1
Contract Number

Guilford County Health Department
Contractor

Maternal Health
Activity

2. Basic prenatal education may be provided in an individual or group format and provision of this education must be clearly documented in the medical record. Subjects should be covered at times that are appropriate for the patient's gestational age.

(a) Required educational components

1. First trimester or on initial visit:
-danger signs of pregnancy
-preterm labor
-ruptured/leaking membranes
-severe headaches
-visual changes
-bleeding
-change in fetal activity

2. Third trimester:
-signs of labor
-contraception

(b) Additional educational components
At least 7 of the following 17 components will be provided:

-Clinical routines
-Medication/drugs
-Anatomy/physiology
-Nutrition/weight gain
-Prenatal/postnatal exercises
-Sex during pregnancy
-Car seat instruction
-Labor and delivery
-Infant feeding
-Breast feeding
-Postpartum period
-Early parenting/ baby care/Immunizations
-Relaxation/ breathing techniques
-Cervical dilation and pushing
-Cesarean Delivery
-Rooming in at hospital if available
-Dental

Reviewed by

Initials Date

CONTRACT ADDENDUM

Maternal Health Branch
Office, Section, or Branch

9 4 5 1 0 1 0 0 4 1
Contract Number

Guilford County Health Department
Contractor

Maternal Health
Activity

3. Pregnant women who have participated in prenatal a education series in a past pregnancy will be provided an educational review and update which:

-is conducted either by class or by individual sessions,

-is planned and carried out according to procedures for this review as set forth in written clinic policy, and

-includes the following required components, at a minimum:

-Danger signs in pregnancy including:

- Preterm Labor
- Ruptured/Leaking Membranes
- Severe Headaches
- Visual Changes
- Bleeding
- Changes in Fetal Activity

-Medications/drugs
-Preparation for birth
-Nutrition/weight gain
-Signs of labor
-Contraception
-Car seat use

Reviewed by

Initials Date